

POSTPARTUM WOMAN

Assessment Questions

1. How are things going for you at home right now?

Free form answer

2. Do you have medical care and dental care (one answer)?

Medical
Dental
Both
Neither

3. Do you have any medical or dental issues?
A. Were there any problems during your pregnancy or birth?
B. Any feelings of sadness or depression?
C. Who diagnosed your condition?

Free form answer

4. Tell me if you consume any of the following (may choose more than one answer):

N/A
Multivitamins
Other supplements
Medication
Herbs
Teas
Non-food items

5. Do you currently use any alcohol, tobacco products or drugs (may choose more than one answer)?

N/A
Alcohol
Chew tobacco/cigars/pipes/cigarettes
Drugs

6. Describe your intake on a typical day (meals/snacks, drinks, eating out, who eats together):

Free form

7. Do you have any additional questions?

Free form

Possible Discussion Topics:

Achieving a healthy weight (diet/exercise)

My Plate for women

Smoking (decrease or quit)

MVI use/folic acid

Pregnancy spacing/plan for birth control

Meal planning/prep/budgeting

Iron rich foods

Sources of calcium

Potential Referrals:

Healthcare provider

Quit line/substance abuse treatment

RD

Weight loss clinic

SNAP

Food banks

Dental care

Diabetes Prevention Program

MCH